

clinic the alcohol employed was 95 per cent., and the proportion of acetone, after some experiment, was fixed at 10 per cent. The most efficient combination, however, seemed to be that of 50 per cent. alcohol and 50 per cent. acetone. Preliminary cleansing with soap, water, and brush was omitted. The action of the mixture on the hands seemed to harden the skin, and the hands were rubbed with sterile flannel dipped in the solution, when the redness and irritation seemed to disappear. Four minutes were occupied in disinfection. This method did not seem to irritate the skin, and one of the staff, who suffered from eczema, excited by other methods of disinfection, was much improved by this method. Bacteriological experiments showed the method to be efficient.

In direct contrast to this, in the same clinic, is Pfisterer's paper (*Ztschr. f. Geb. u. Gyn.*, 1908, lxiii, Heft 3), in which alcohol alone was used as a disinfectant. This showed that alcohol was efficient for a short time only, for operations not exceeding five minutes in length.

The Opsonic Index in Puerperal Infection.—HEYNEMANN and BARTH (*Ztschr. f. Geb. u. Gyn.*, 1908, lxiii, Heft 2) publish the results of studies of the opsonic index in various forms of puerperal infection. They find the opsonic index of the serum of puerperal patients free from fever, does not act upon the hemolytic streptococci in the proportion given by Wright, namely, 0.8 to 1.2; in proportions of 0.7 to 1.3 an effect is noticed which has to be explained in part through previous infection with streptococci. A normal streptococcus relation in a puerperal patient having fever does not render impossible the former infection; the variation in this relation would suggest it, but not conclusively. The value of diagnosis by this method is then limited and applicable to a few cases only. So far as prognosis is concerned, the estimation of the opsonic index is of no value. In some cases of parametritis, with local and long-continued infection, this method may be of value as indicating the success of the treatment. The same facts are practically true in cases of staphylococcal infection.

GYNECOLOGY.

UNDER THE CHARGE OF

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Primary Cancer of the Body of the Uterus.—BALLARD (*Surg., Gyn., and Obst.*, 1908, vii, 460) reports a case of primary cancer of the uterus in which rupture had occurred. His conclusions in the case are as follows: (1) That an early diagnosis was not made from any symptom coming from the malignant area, but rather from the sudden hemorrhage through the perforation is clearly apparent; (2) that metastasis does not occur so frequently from the carcinoma of the fundus uteri as from the cervix is markedly noticeable; (3) that malignant growths of the

body of the uterus are of much slower growth and have much less pronounced symptoms than those of the cervix is certainly proved by the cases reported; (4) that the diagnosis of early malignancy in the fundus uteri may be prevented because of the want of symptoms is evident; (5) that having made an early diagnosis we can, by complete extirpation of the uterus and adnexa, promise a very favorable prognosis.

Immediate vs. Deferred Operation for Intra-abdominal Hemorrhage due to Tubal Pregnancy.—KRUG (*Surg., Gyn., and Obst.*, 1908, vii, 473), for the purpose of discussing the above question, divides all cases of ectopic pregnancy into five principal classes: (1) Unruptured. (2) Ruptured, in which the symptoms of shock and hemorrhage are slight. (3) Ruptured, in which trauma superinduces acute hemorrhage and in which the ectopic gestation is only a contributive condition. (4) Ruptured, in which the symptoms of shock and hemorrhage are grave. (5) Ruptured: ambulance cases brought to hospitals. In the first and second divisions Krug advocates prompt laparotomy. In the third class, such as those subjected to curettage for a supposed incomplete abortion and by traction on the cervix fresh internal hemorrhage is caused, Krug advises immediate laparotomy. In the fourth class he advises careful observation watching the temperature and counting the pulse every fifteen minutes. If general improvement occurs, delay operation until the patient can better withstand a laparotomy. In the fifth class the hemorrhage has usually ceased when the patient is admitted to the hospital, and expectant treatment for one to four days and then the performance of abdominal section is advised. Krug never uses intravenous infusion of salt solution until near the close of the operation. During the past four years he has operated on nearly 100 cases of ruptured tubal pregnancy with 2 deaths. One of these was from ether pneumonia and one from sepsis existing prior to admission.

Ovarian Pregnancy Co-existing with Intra-uterine Pregnancy.—KERR (*Jour. Obst. and Gyn., Brit. Empire*, 1908, xiv, 149) adds another to the very few reported cases of ovarian pregnancy. The ovary containing the ovarian pregnancy was removed by operation. The embryo was at a stage closely corresponding to one described by Graf. v. Spec. It was so much injured, however, that reconstruction was not possible, and the sections were exhibited to demonstrate the nature of embedding in the ovary, the ovum being the youngest yet recorded in that position. There was a large corpus luteum, the contour of which was intact, except at one point where there was young organizing connective tissue forming a continuous strand reaching from the centre of the corpus luteum to the margin of the implantation cavity. The cavity has been excavated in the ovarian stroma, and its walls are formed, in part, of connective tissue in a state of coagulation necrosis, but to a greater extent by fibrin and blood clot. The surface of the ovary has been ruptured, and the ovum was evidently in the process of extrusion. There were absolutely no signs of any formation akin to decidua, and the more actively destructive phases demonstrated in the first specimen had obviously persisted until a considerable part of the ovary had been destroyed. The ovum lay more or less free in the implantation cavity, the villi were irregular, and many were overtaken by degeneration.